

59th Medical Wing



59 MDW General Surgery Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 21 Oct 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- General Surgery Product Line Review

Revised Financing Overview

Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Goal 2: Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets
 - Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: -\$6.0M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

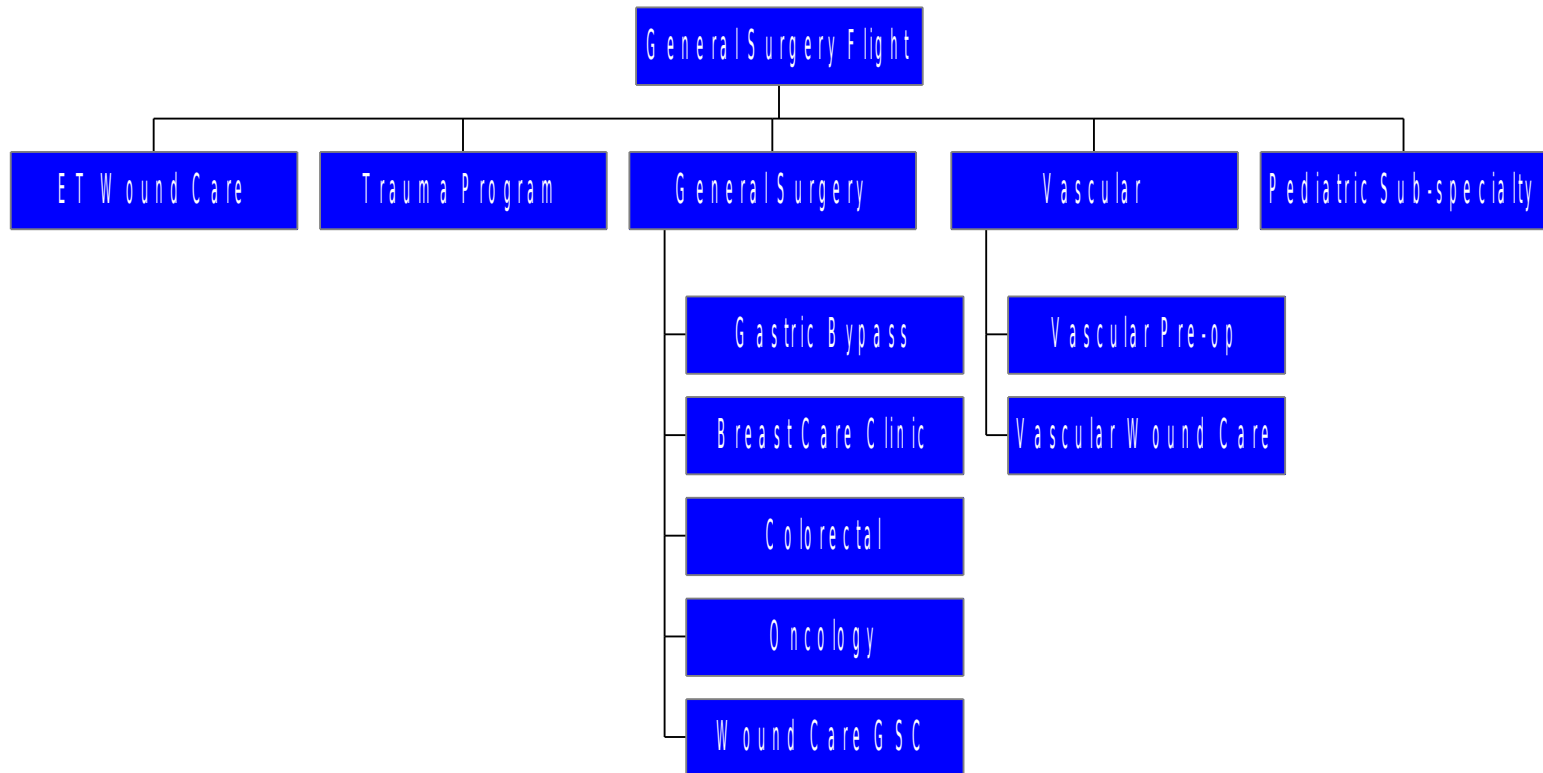
General Surgery Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- PRIME Leakage, PSC Use, and Market Share
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Customer Satisfaction
- Stoplights

General Surgery Flight Clinic Description

- Comprehensive Surgery Clinic
 - General Surgery
 - Multidisciplinary Bariatric Surgery Program (only MTF in area performing GBP)
 - Multidisciplinary Breast Care Clinic
 - Multidisciplinary Surgical Oncology Clinic
 - Colo-Rectal Surgery Clinic including Endoscopy
 - Minor Surgery Suite
 - Vascular Surgery Clinic
 - Pediatric Surgery Clinic
 - Trauma Clinic
 - Critical Care Services
- WHMC supports BAMC with sub-specialty coverage
 - Vascular and Colo Rectal

General Surgery Flight Organization



General Surgery

Additional Duties (With No Workload Credit)

- **Level One Trauma Program** (Wing Asset)
 - **3 RN authorizations** taken from General Surgery to create and maintain the program
 - remain in manning document but do not work in the clinic
 - Med technician/ LVN assist in Trauma Clinic
- **Wound Care Clinic** (Wing Asset)
 - **1 RN Authorization** taken to create and maintain WHMC Enterstomal Wound Care Element
 - Remain in our manning document but do not work in the clinic
 - LVN assist from Gen Surgery
- **Endoscopy Suite** (GI Clinic) (**Different Flight**)
 - No credit obtained for General Surgeon or medical Technician
 - Work load credit given to GI Clinic

General Surgery

Additional Duties (With No Workload Credit)

- **Surgeon**
 - 45S3K surgeons: 25 % of time doing Critical Care/ Trauma with no RVU credit
- **CT/ Vascular Clinic**
 - 2 4N0 General Surgery authorizations taken to create Vascular Lab Technologist slots
 - 1 4N0 General Surgery Authorizations given to Vascular Clinic
- **Level One Trauma Program**
 - 2 4A0 General Surgery Authorizations taken to create Data Entry and Secretary slots for Trauma Program
- **Squadron Superintendent**
 - Assigned to General Surgery authorization 03454610
- **Manpower Matrix**
- 3 Technician slots matrixed to 3 A in return for 3 LVN slots matrixed to General Surgery Flight
 - Assist the 2 General Surgery RNs with pt care and education
 - Provide continuity during deployments
- **Pediatric Clinic**
- 1 4N0 2x weekly to support Pediatric Surgery Clinic on 8th floor
- **GI Endoscopy**
- 1-2 4NO medical technicians daily depending of scheduling to support GI scope room , ICU and Operation Room

Summary

General Surgery Manpower

- **General Surgery RN authorizations earned per workload**
- 6 RN authorizations earned
- 4 RN general Surgery Authorizations taken and used to create Trauma and Enterstomal Element (No longer a part of General Surgery, but counted against us)
- **Falcon Team Clinic Workload - Eagle Team Clinic Workload**
- 6 General Surgeon clinics - 6 General Surgeons clinics
- 2 Colo - Rectal Surgeons clinic - Multidisciplinary Breast Care Clinic
- Multidisciplinary GBP Clinic - 1 Surgery Oncology clinic
 - 3 Vascular Surgery clinics
- **Total: Total:**
- 7 Surgeons 9 Surgeons
- RN Auth **3.5** In place: **1** RN auth **4.5** In place: **1**
(Note: SCO Platt .5 RN auth per surgeon)
- **Total RN authorizations: 8**
- **Total in place: 2**

Clinic Description

Manpower and Staffing

	AUTHORIZED				ASSIGNED					
Providers	MIL	GS	K*	Total		MIL	GS	K*	Total	Staffing
	†5/9					5/9				
45S3 (including T prefixes)		0	0	†5/9	45S3		0	0	5/9	100%
45S3X (sub-specialists)	9	0	0	9	45S3X	8	0	0	8	89%
P.A.s (42G3 Equiv.)	0	0	2	2	PA	0	0	2	2	100%
Total Providers	18	0	2	20	Total	17	0	2	19	95%
	AUTHORIZED				ASSIGNED					
Support Staff	MIL	GS	K*	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	0	6	1	7	46N3	0	2	1	3	42%
4N0X1	25	2	0	27	4N0X1	20	5	0	25	92%
4A0X1	5	6	2	13	4A0X1	4	3	1	8	61%
Total Support Staff	30	14	3	47	Total	24	10	2	36	78%

4 Military Sub Specialists

Trauma/ CC: Smith Jenkins Murdock
Mueller
Ped Surg: Coppola, Pinkerton
Colo-Rec) : Perry Brooks
Oncology): Smith
Vascular) : Rasmussen Clouse Eliason

"Offsite"

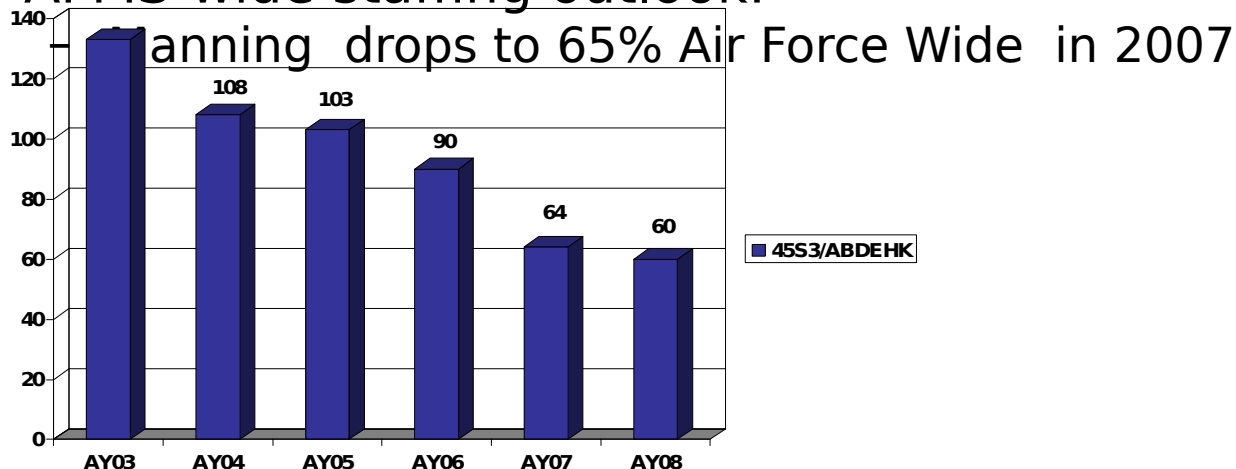
Abrahamiam, Danielson
Park, Jefferson, Fiscenic
Abbate

† UMD old, can't account for
Trauma/Critical Care Surgeons

* SCO Authorizations:
2 contract PAs 1 RN

General Surgery Manpower and Staffing (Con't)

- **How does MAPPG06 change authorizations?**
- General Surgery PLATT
 - FY06 is 18 providers:
 - Not analyzed since 2001, shreds are incorrect
 - 6 civilian and 3 contract Nurses
 - Currently 2 civilian and 1 contract
 - Manpower disconnect due to Trauma and ET, General Surgery will be negative 4 Civilian authorizations
 - Must remove Trauma and ET personnel from General Surgery UMD
- MAPPGO8 Suggestions:
 - Rework UMD to accurately reflect requirements
- AFMS-wide staffing outlook:



General Surgery

GME Program Status

- **Integrated Residency Program** (with UTHSCSA)
 - Total 76 Residents in Integrated Program
 - **RRC Status:** 2-year accreditation; August 25, 2003
- **Overall Program Health:** Good
 - 100% Board Certification Pass Rate for AF residents
 - 100% on-time Graduation of AF residents
 - ABSITE Scores: consistently above national average
 - Case Mix and Patient Volume:
 - No core area deficiencies, but volume remains at minimum level
 - 2/3 of patient volume from patients over 65 (requires 25-30 visits/surg)
 - even higher percentage of major cases
 - OR Starts: Minimum and Optimal

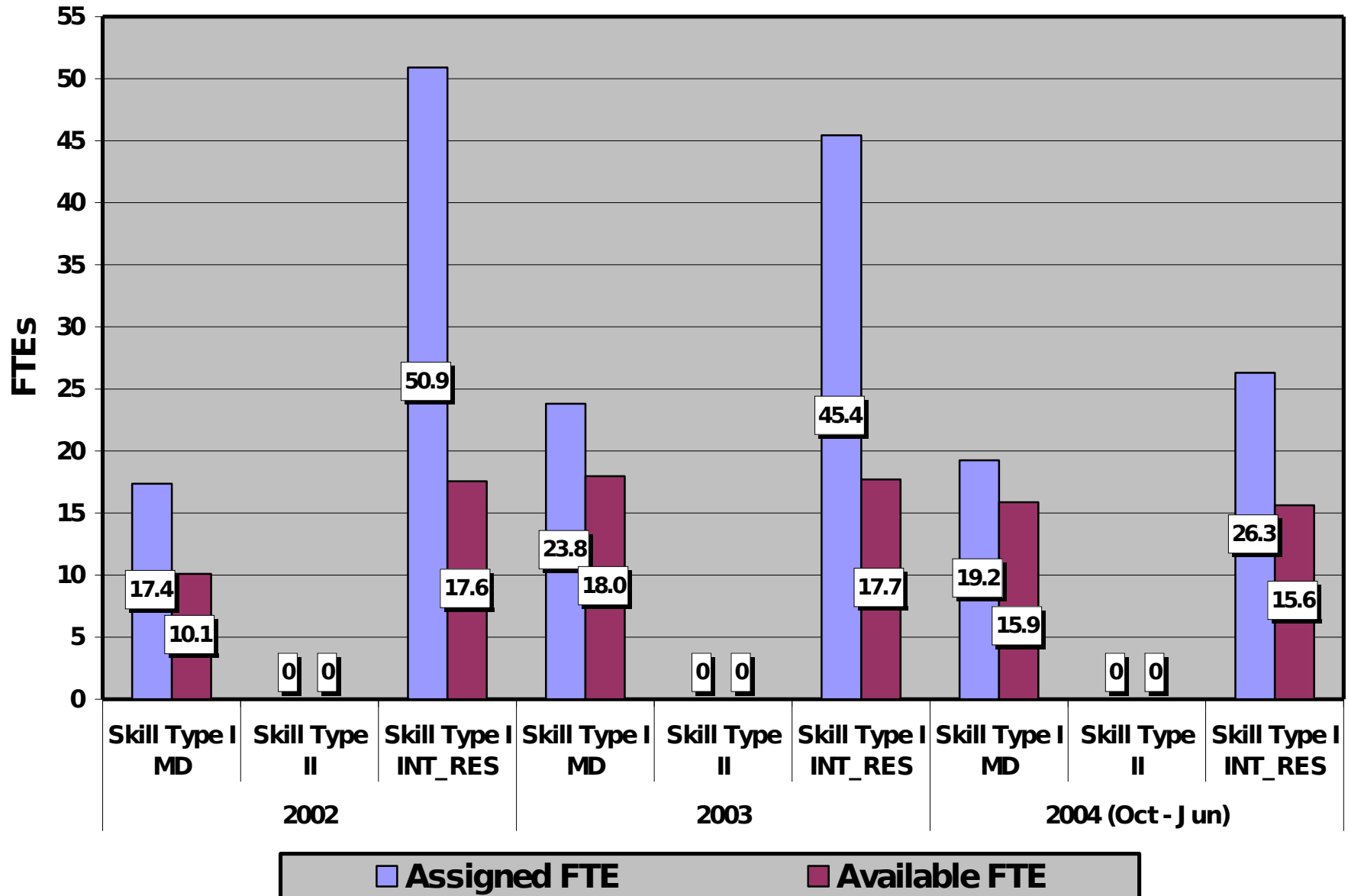
• Gen Surg	6/week	8/week
• Pediatric Surg	1/week	2/week
• Vascular Surg	2 /week	3/week

General Surgery

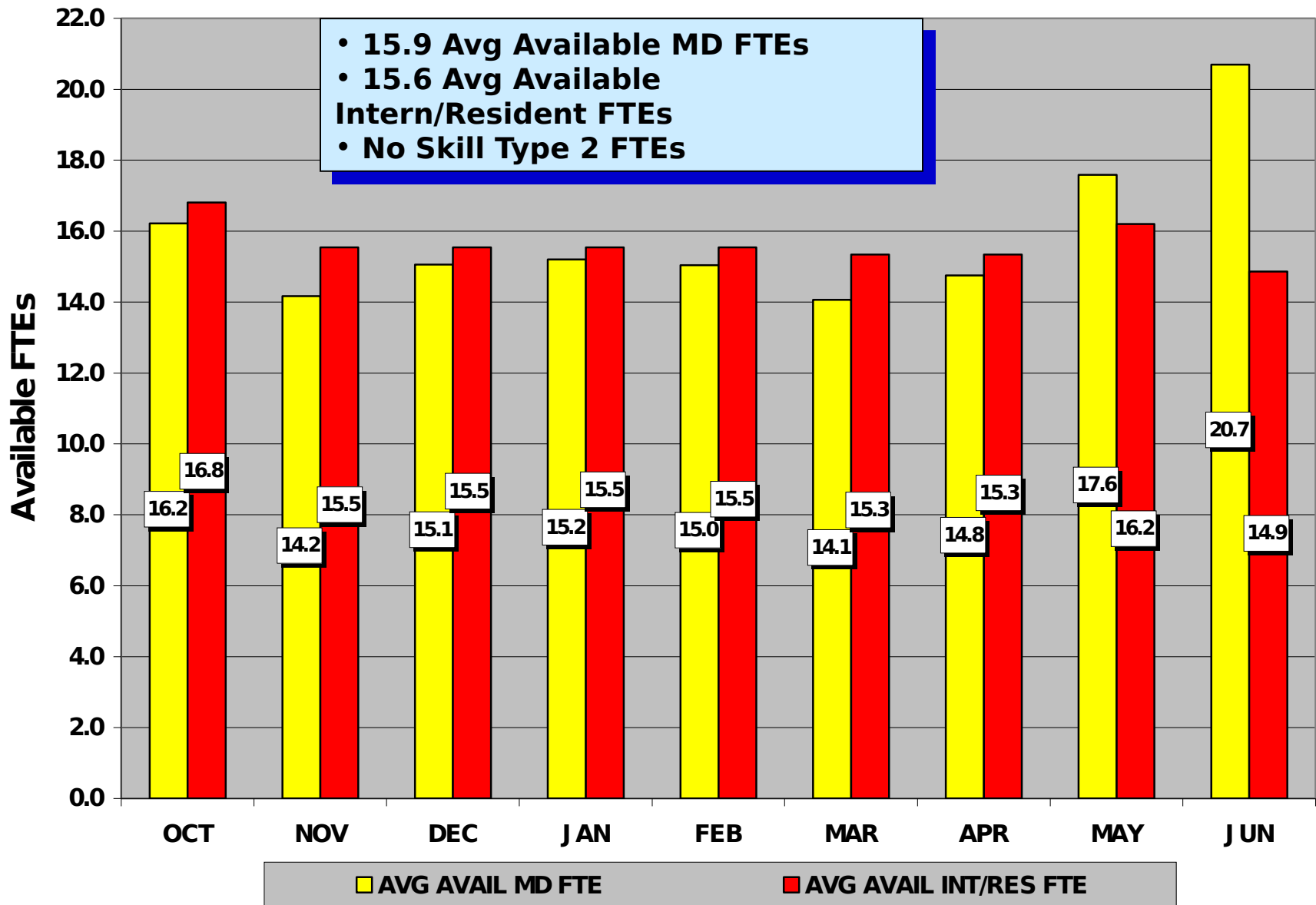
Case Mix and Volume Issues

- Primary Problem for General Surgery other than manning shortfall is decrease in patient volume
 - Over 65 population is essential to GME as well as skill maintenance
 - **Volume is already at unacceptably low levels, and will jeopardize GME and Readiness**
 - **Problem is that patients can't get past primary care bottle neck to reach our clinic**

General Surgery MEPRS Reporting By FY and Skill Type



General Surgery Monthly Reported Available FTEs Oct 03 – Jun 04



General Surgery Overall Readiness

- AEF 1-10
 - 15 filled taskings
- UTC Taskings
 - 21 assigned to Flight
- TRCSS (annually)
 - 4 week long courses
 - Involving 15-18 providers
- EMEDS (annually)
 - 20 courses supported at Brooks

General Surgery

Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03: 5 deployments: 508 days total
 - FY04 Taskings in Turtle Model: 1,320 days at risk
 - EMEDS AFTH: 1 per/3 FTEs total = 360 days
 - Med Mobile Fld Hosp: 2 per/6 FTEs total = 720 days
 - Med Surg Exp Pkg: $1 \frac{1}{2}$; $1 \frac{5}{6}$ = 2 FTEs = 240 days
 - FY04 Actual: Fang (Nov 03); Brooks, Bowers (Mar 04); Pinkerton (Jun 04) @ ~ 120 days (4 FTEs)
 - FY05 Scheduled
 - $1 \frac{1}{2}$: 5 FTEs (Eppiger, Abbate, Abrahamian, Danielson, Jenkins)
- Humanitarian and Civic Assistance
 - FY04: Bowers (14 Days)

** Not counting transition days*

General Surgery

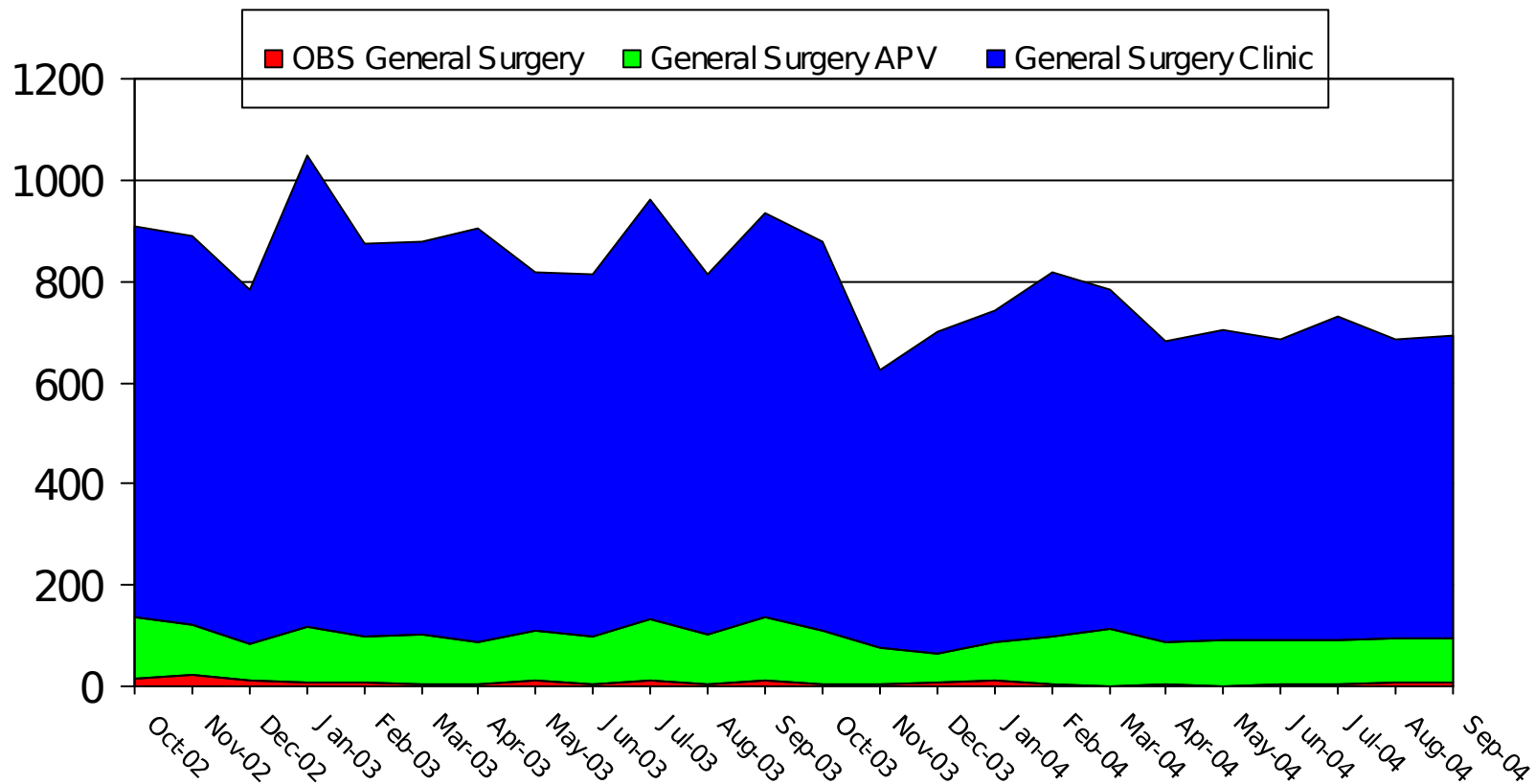
Access to Care

- Standard for Access to Specialty Appointments: 28 days
 - General Surgery
 - Met: 97%
 - # Appts Met/Total: 242/249
 - Avg Wait Time: 9.95 days

- General Surgery **meeting standard** for routine access to specialty care

General Surgery

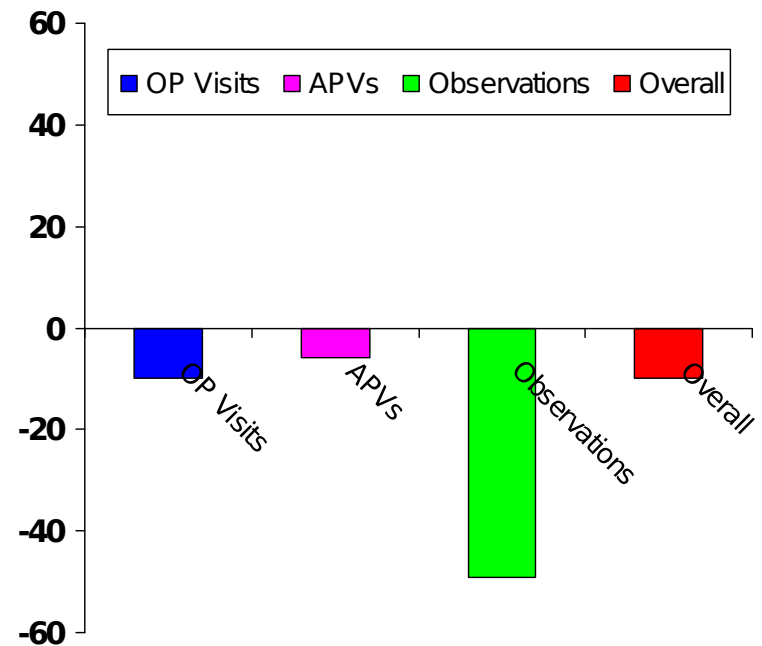
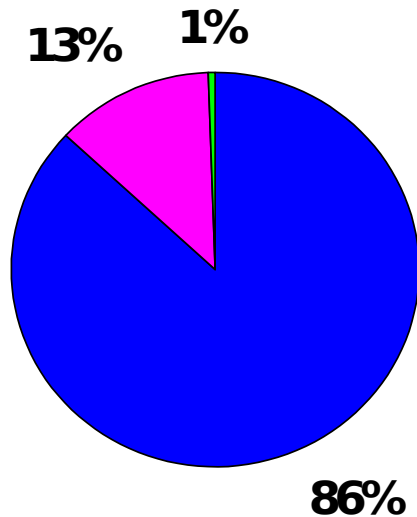
Total OP Visits Oct 02-Sep 04



- FY03 Avg: 885/mo
- FY04 Avg: 793/mo
- Change: -10%

General Surgery

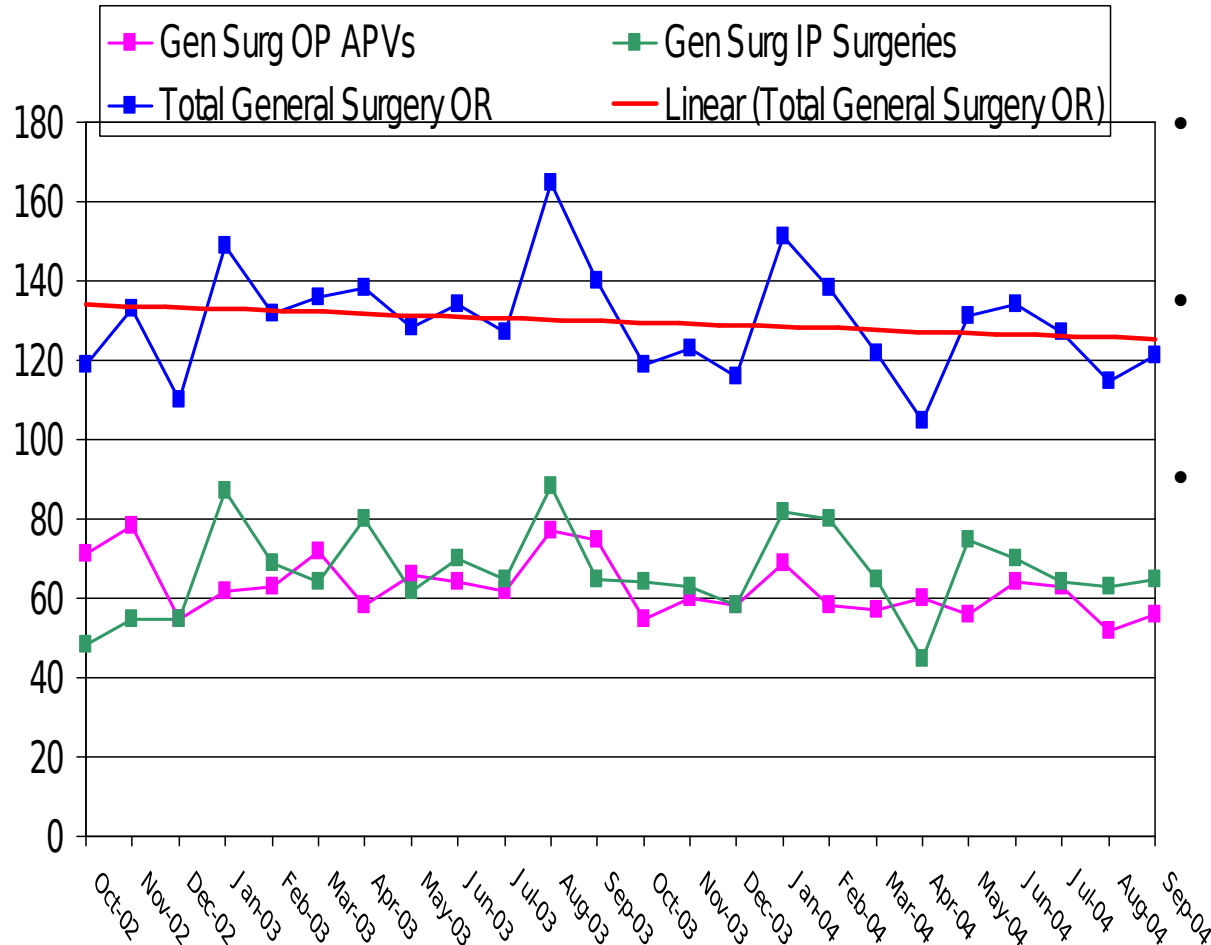
OP Appointment Type & FY03/04 Change



- 86% of Outpatient Visits are clinic visits

General Surgery

Surgeries and OR/APVs (Oct 02 - Sep 04)

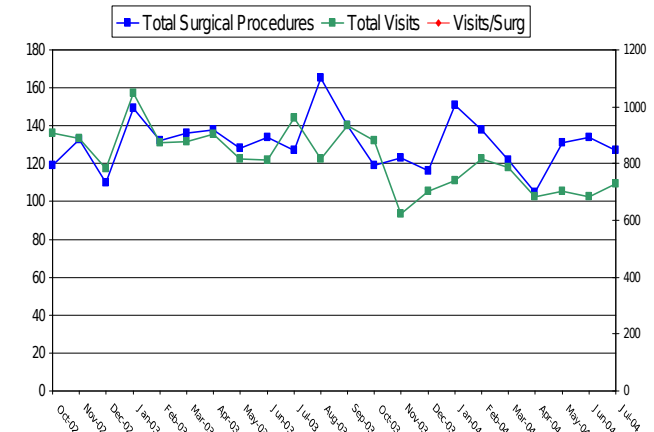
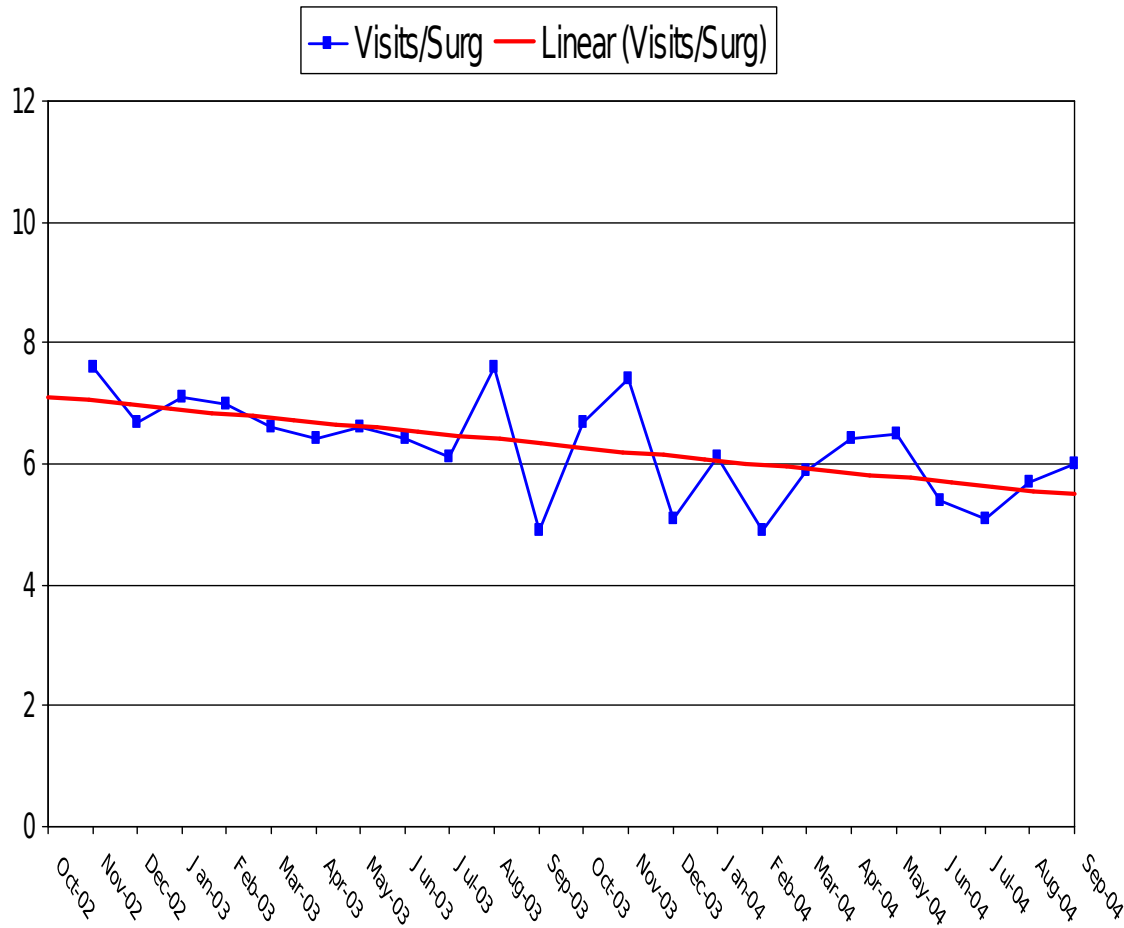


- Distribution (OR/APV to Surg)
FY03: 50%/50%
FY04: 47%/53%
- Avg # Surgeries/mo
- FY03: 67
- FY04: 66 (down 2%)
- Avg # OR/APVs/mo
- FY03: 67
- FY04: 59 (down 12)

• Overall, the FY04 number of General Surgery OR cases decreased 7% from FY03

General Surgery

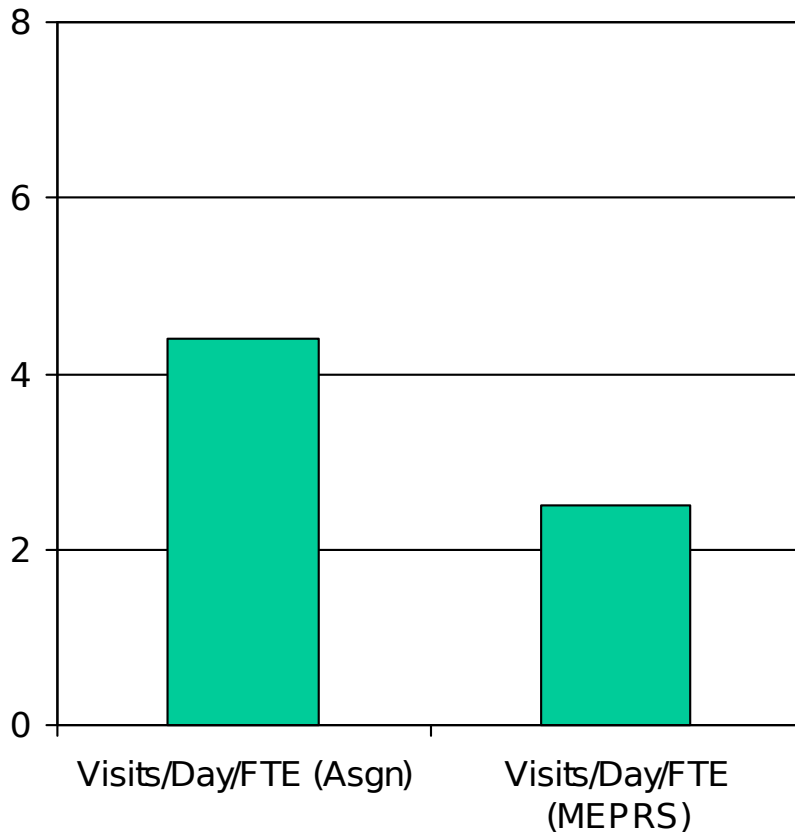
Visits per Surg Proc (Oct 02 – Sep 04)



- FY04 Ratio of total visits for each surgical procedure is down to 5.8 from 6.6 in FY03 or a decrease of 12%.

General Surgery

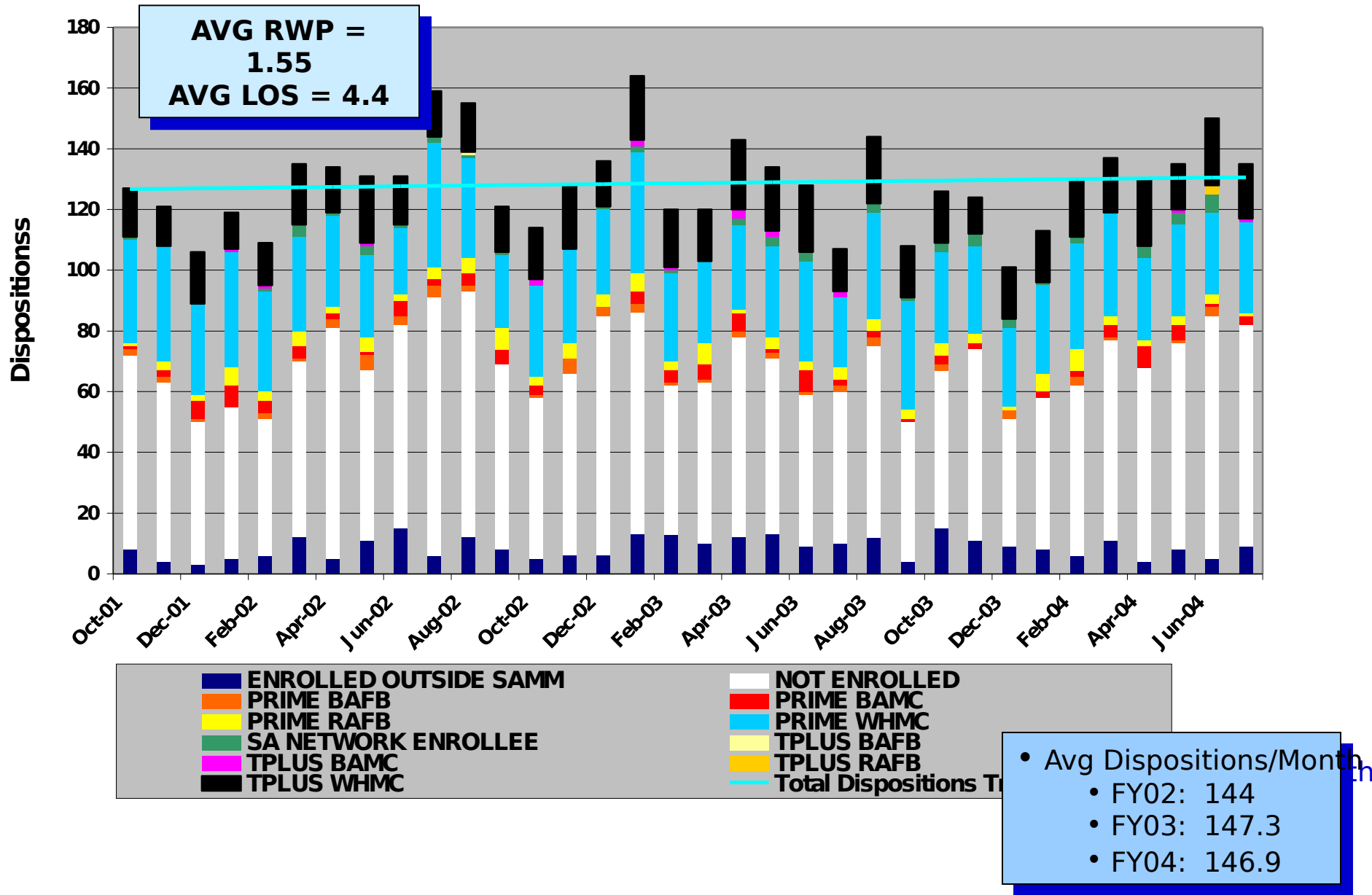
Total Visits/Day/FTE (Assigned vs. MEPRS)



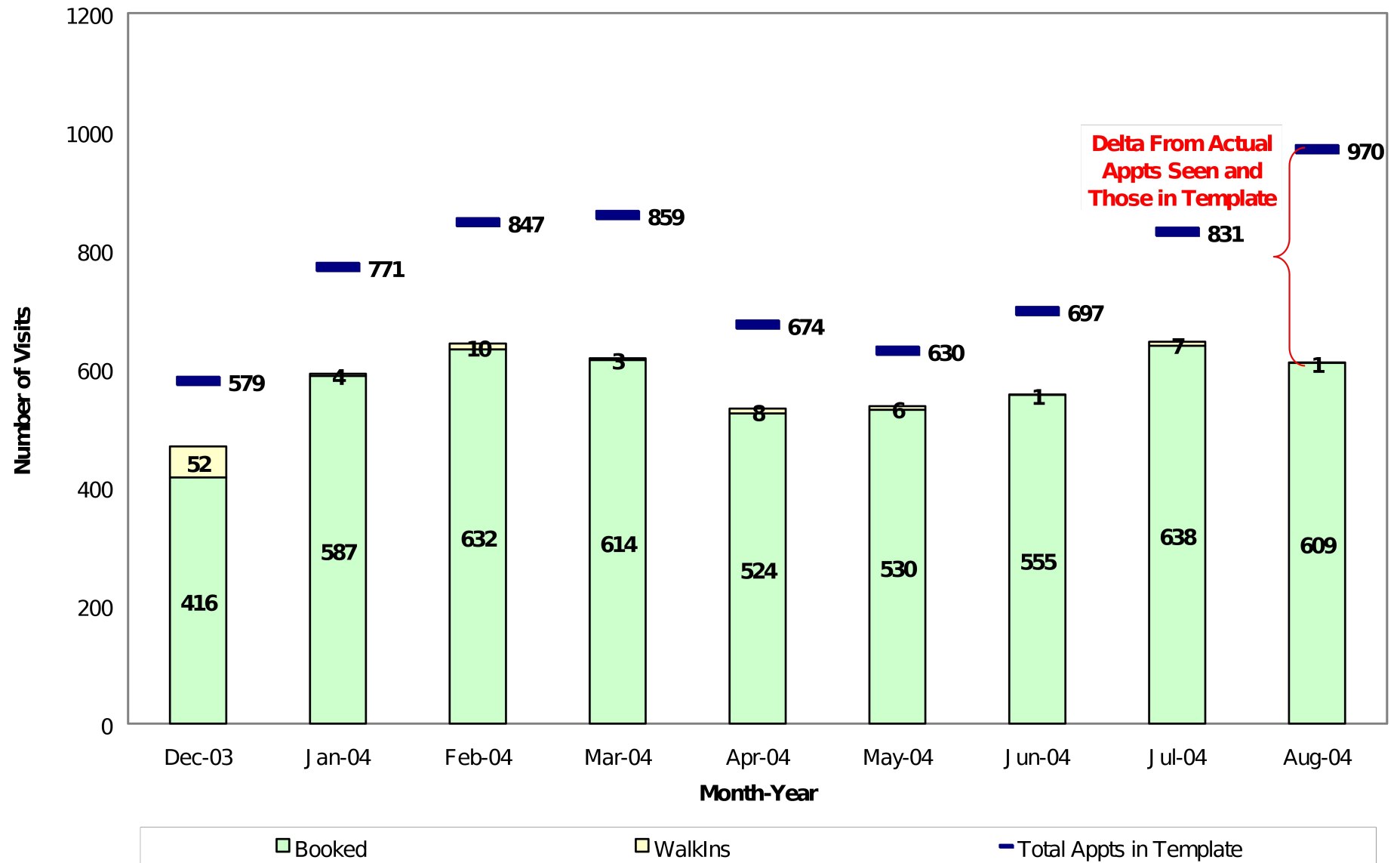
- FY04 Avg: 793 visits/month (visits, Obs, and APVs)
- 20 Duty Days/mo
 - Method 1: MSGG says 9 assigned
 - Method 2: MEPRS says 15.9 Avail

- Make sure "Available" FTEs in MEPRS is correct
- Data visible up to SG and TMA

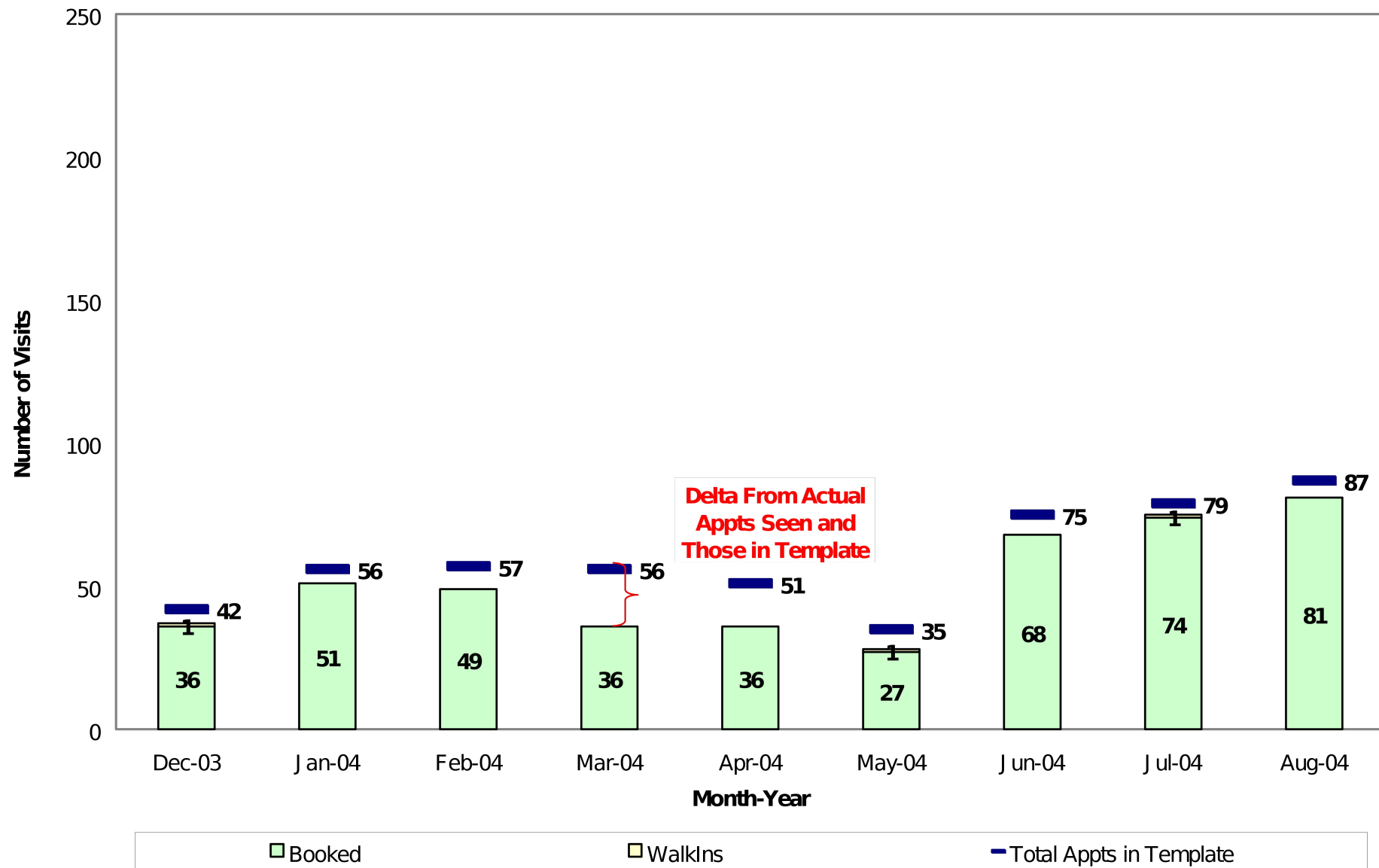
WHMC General Surgery Dispositions Trended FY02 to FY04



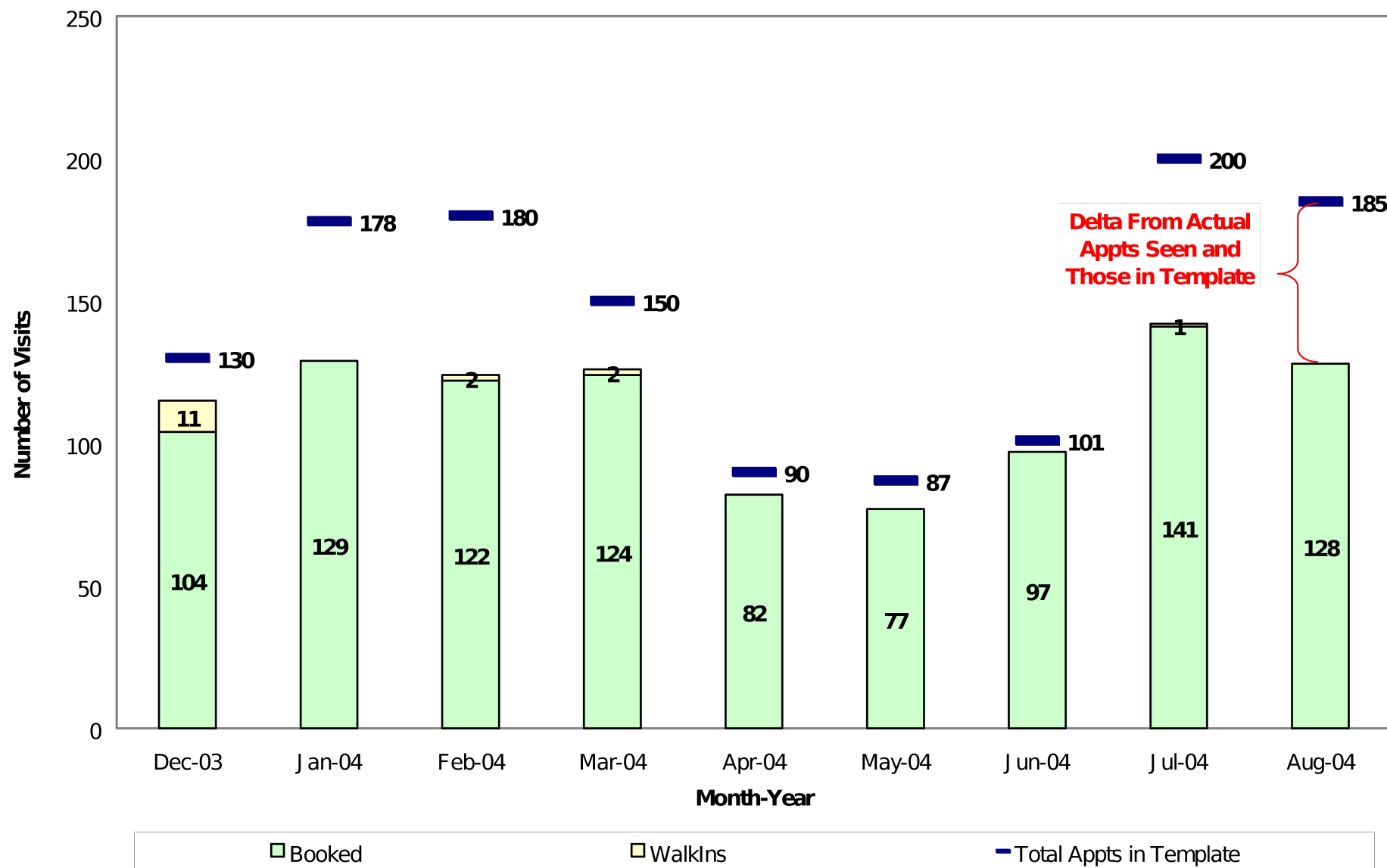
General Surgery Service Line: OVERALL GENERAL SURGERY,WHMC



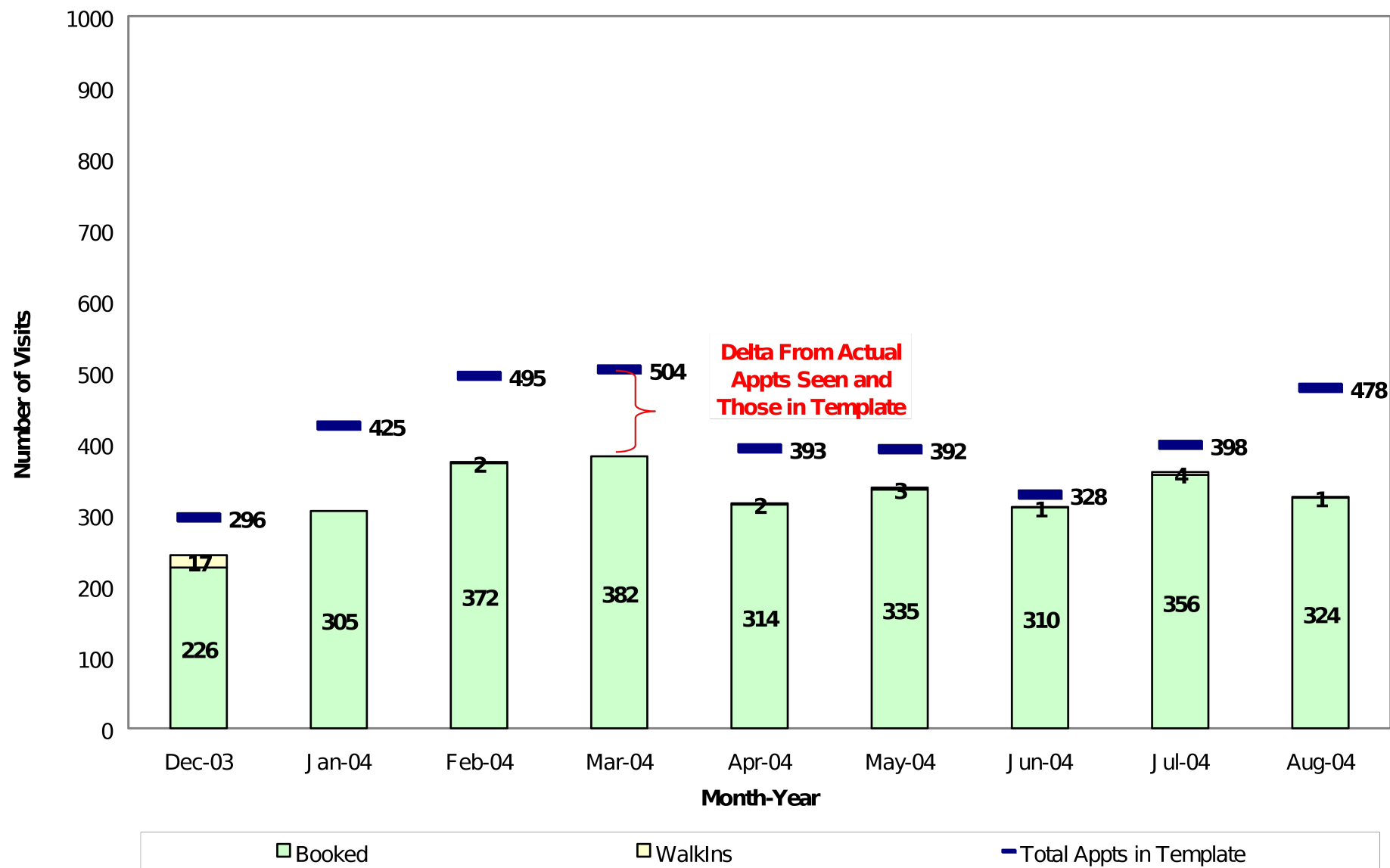
General Surgery Service Line: BREAST CARE CLINIC,WHMC



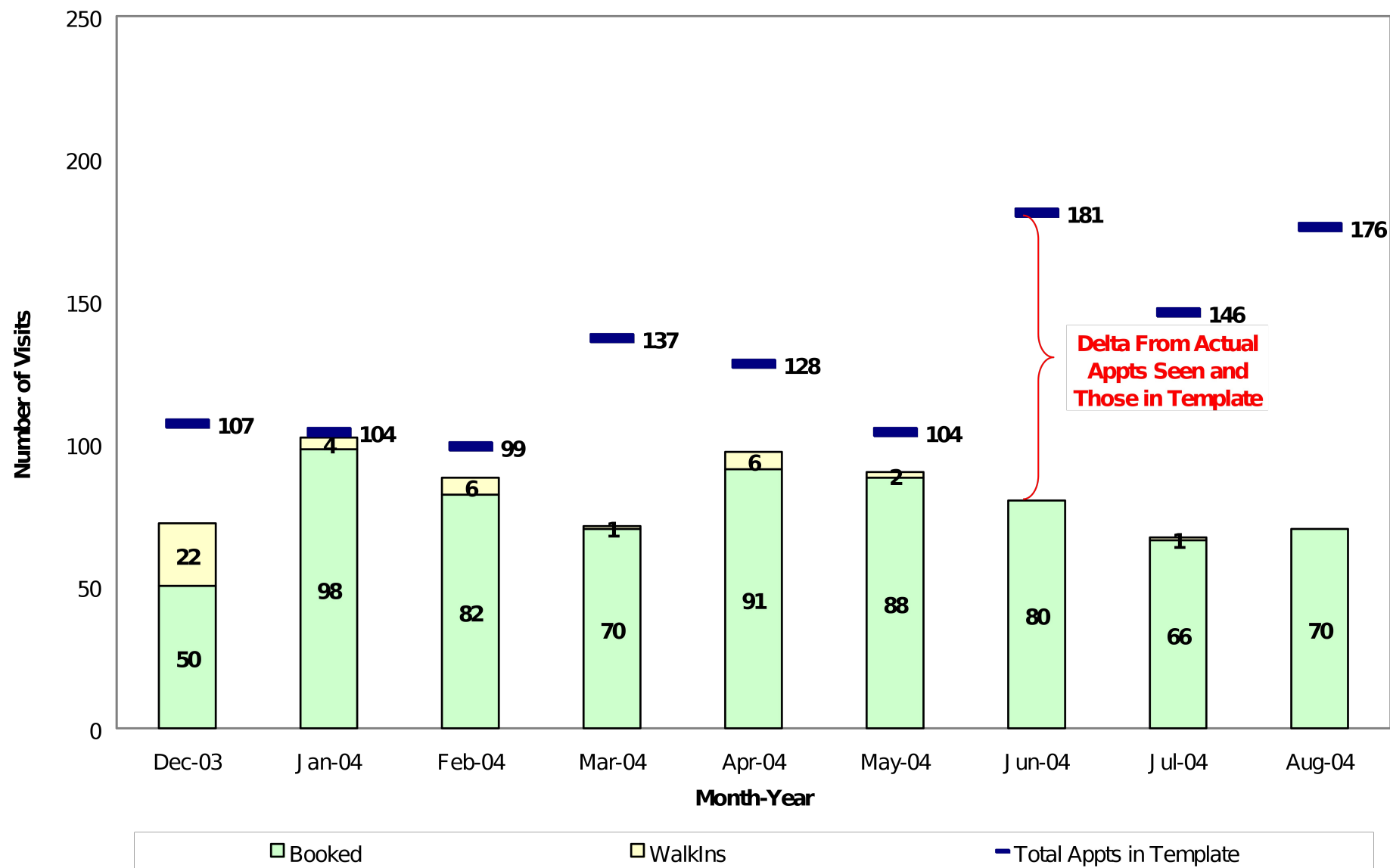
General Surgery Service Line: COLO/RECTAL SURGERY,WHMC



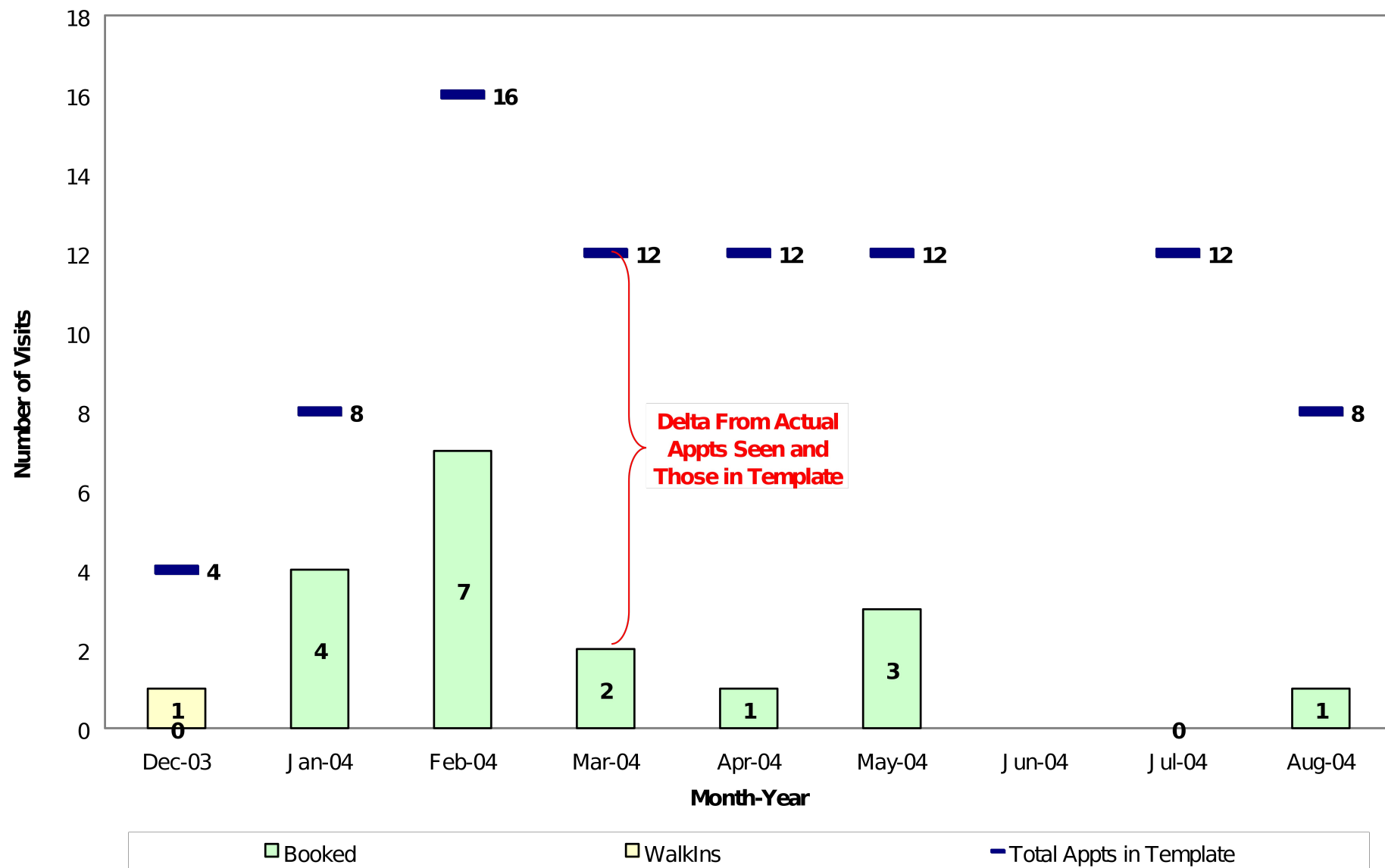
General Surgery Service Line: GENERAL SURGERY,WHMC



General Surgery Service Line: MORBID OBESITY,WHMC



General Surgery Service Line: SURGICAL ONCOLOGY,WHMC



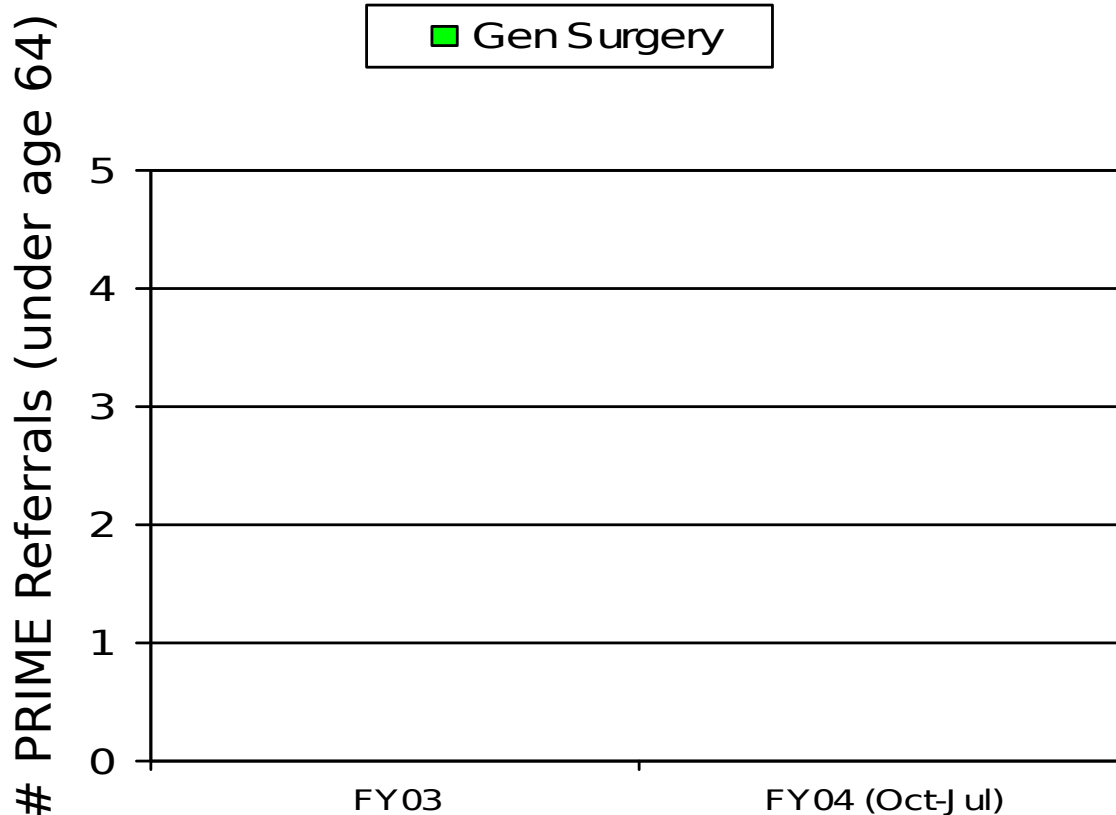
General Surgery Template Summary

	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Total	Avg
Templated	579	791	847	859	674	630	697	831	970	6,878	764
Booked	416	587	632	614	524	530	555	638	609	5,105	567
% Booked	72%	74%	75%	71%	78%	84%	80%	77%	63%	74%	74%
Walk-ins	52	4	10	3	3	3	1	7	4	87	10
Wl as % Total	11%	1%	2%	0%	1%	1%	0%	1%	1%	2%	2%
Total Seen	468	591	642	617	527	533	556	645	613	5,192	577
% Seen	81%	75%	76%	72%	78%	85%	80%	78%	63%	75%	75%

- <2% of appointments are walk-ins

General Surgery

PRIME Containment & Referrals (OP)



- None; \$90K (FY03) and \$75K (FY04 to date)
Claims filed not associated
With referrals from 59 MDW

General Surgery Outpatient Market Share

Category	FY03	FY04
Active Duty	\$5,955	\$4,957
Prime to BAMC	\$11,307	\$12,689
Prime to WHMC	\$7,365	\$14,673
Prime to other MTF	\$4,487	\$5,969
Prime to Network	\$20,336	\$10,780
Space A <65	\$40,978	\$26,426
Total <65	\$90,428	\$75,494

- WHMC and BAMC have approximately **93%** of the market share (FY03 Data)
 - WHMC CMAC: \$347K
 - BAMC CMAC: \$854K

General Surgery Inpatient Purchased Care

Amount Paid by MDC of Private Sector Inpatient Claims by Beneficiary Category in FY04

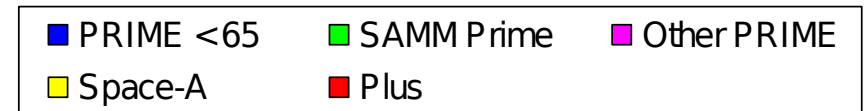
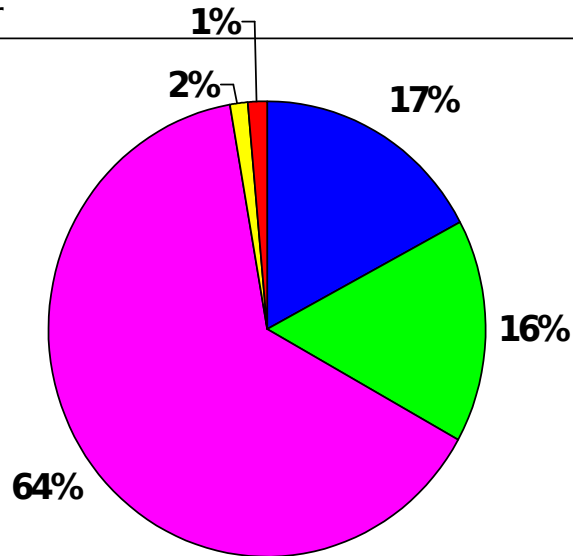
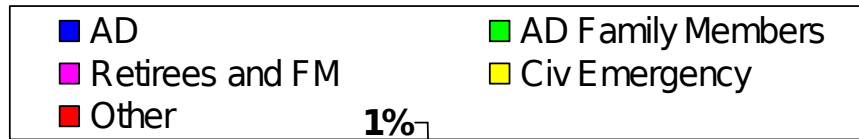
Major Diagnostic Category	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
GENERAL SURGERY	\$43,558.42	\$94,617.01	\$359,903.62	\$130,192.17	\$50,646.46	\$175,391.24	\$219,773.37	\$1,074,082.29

General Surgery Inpatient by Admission Type	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
Emergent / Urgent	\$40,388.80	\$63,793.59	\$354,280.73	\$115,757.72	\$50,646.46	\$148,909.52	\$200,535.94	\$974,312.76
Elective	\$3,169.62	\$30,823.42	\$5,622.89	\$14,434.45		\$26,481.72	\$19,237.43	\$99,769.53

- 91% of inpatient purchased Care is classified as Urgent Or Emergent

General Surgery

Patient Type and RVU Source (FY04)

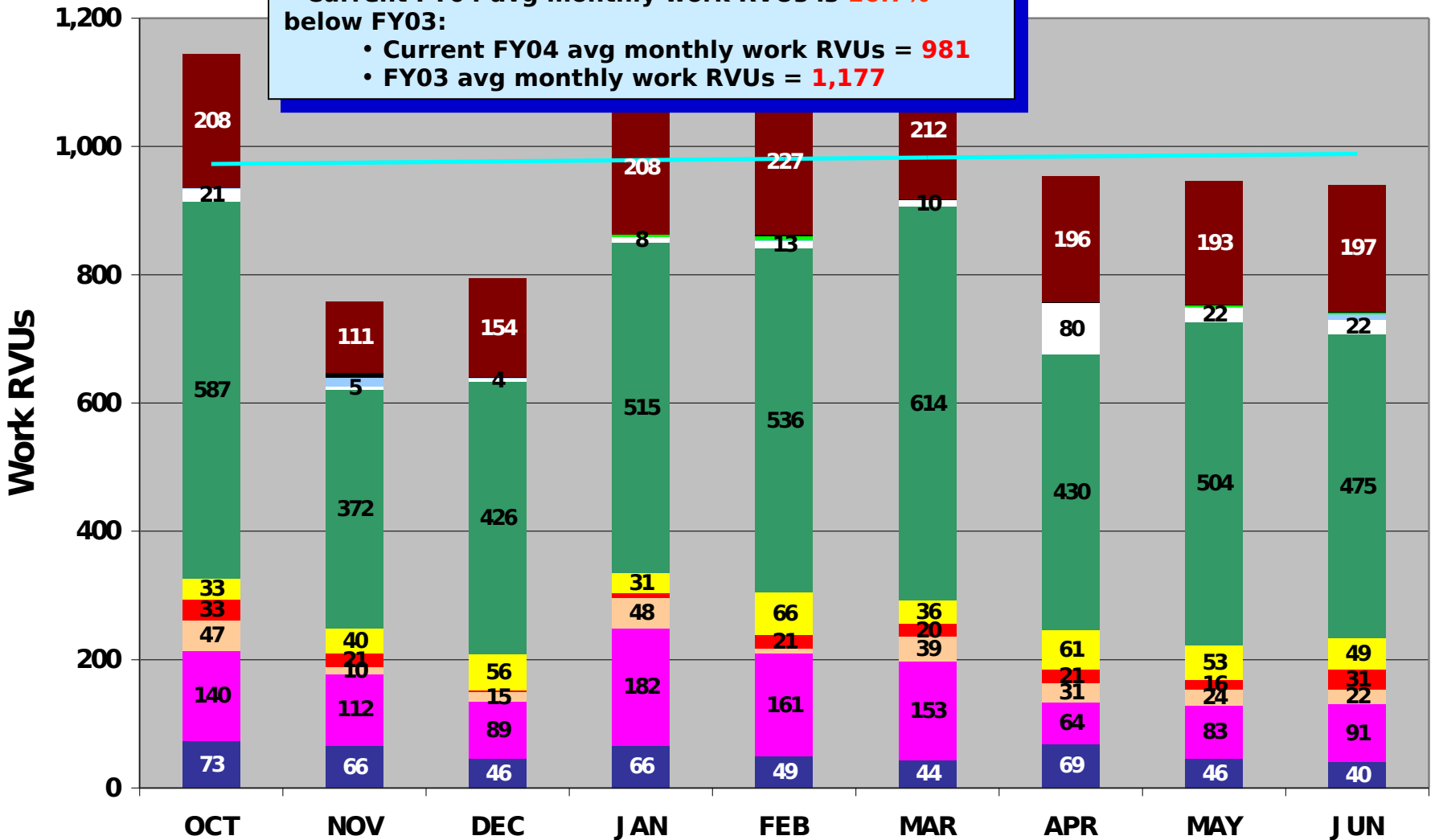


- 64% of total users are retirees & family members (not all >65)
- PRIME and FFS workload split 50:50

General Surgery Direct Outpatient Care

Work RVUs Oct 04 - Jun 04

- Current FY04 total work RVUs = 8,826
- Current FY04 avg monthly work RVUs is **16.7%** below FY03:
 - Current FY04 avg monthly work RVUs = **981**
 - FY03 avg monthly work RVUs = **1,177**



ENROLLED OUTSIDE SAMM

NOT ENROLLED

PRIME BAFB

PRIME BAMC

PRIME RAFB

PRIME WHMC

SA NETWORK ENROLLEE

TPLUS BAFB

TPLUS BAMC

TPLUS RAFB

TPLUS WHMC

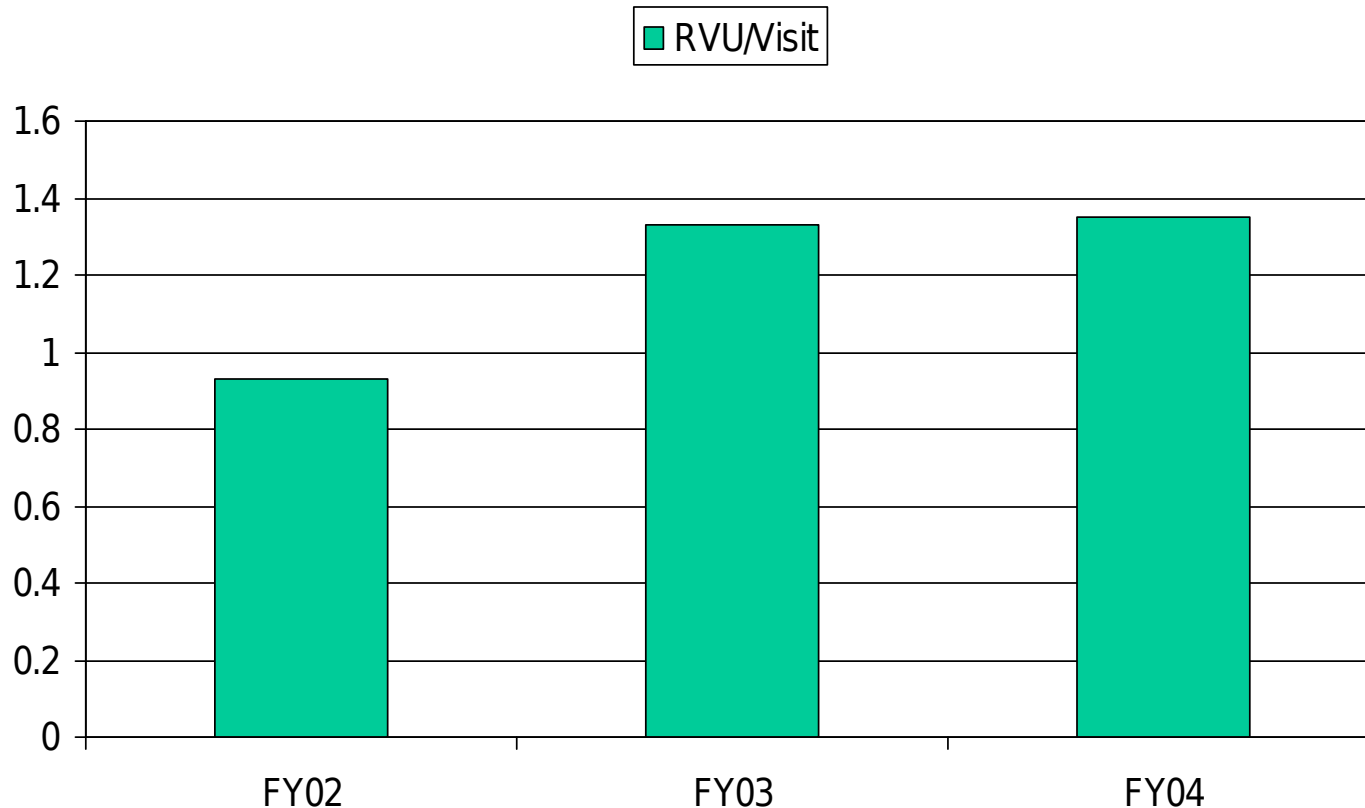
TOTAL WORK RVUS TREND

General Surgery Coding Analysis

- Coder Situation: 1 coder
- Data Quality* (Goal: 90% or more)
 - General Surgery
 - ICD9: 83.3%
 - CPT: 40.7%
 - E&M: 85.1%

• Apr 04 Audit

General Surgery RVU/Visit (FY02 to FY04)



- FY04: 1.35 RVU/visit

General Surgery

Business Plan Performance Oct-Jun 04

Current OP	FY02	FY04	Difference
IHC	2,847	4,458	1,612
Other DC	800	158	(642)
Total Prime	3,646	4,616	970
FFS OE	1,073	1,343	269
FFS SA	1,326	1,259	(68)
FFS Plus	1,653	1,766	113
Total FFS	4,053	4,367	314

Current IP	FY02	FY04	Difference
IHC	420.09	519.08	99
Other DC	32.14	17.06	(15)
Total Prime	452.23	536.14	84
FFS OE	252.30	255.97	4
FFS SA	1,035.27	1,078.74	43
FFS Plus	412.55	361.68	(51)
Total FFS	1,700.11	1,696.39	(4)

Outpatient

Prime: +970 RVUs

FFS: +314 RVUs

Total: +1,284

Inpatient

Prime: +84 RWPs

FFS: -4 RWPs

Total: +80 RWPs

General Surgery

New FY05 BP Targets vs. Current

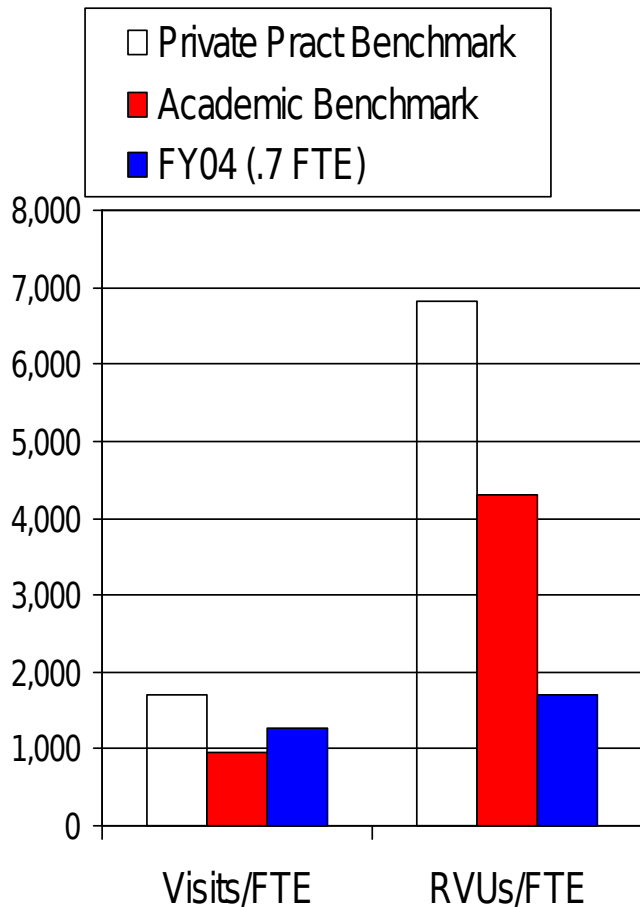
- General Surgery targets will be calculated based on:
 - FY03 LOE as starting point
 - Less/Plus Increased Enrollment/Mobility Taskings/Renovations

Proj OP	FY03	FY04	Difference
IHC	5,379	4,458	(921)
Other DC	180	158	(22)
Total Prime	5,559	4,616	(943)
FFS OE	1,455	1,343	(112)
FFS SA	1,376	1,259	(118)
FFS Plus	2,387	1,766	(621)
Total FFS	5,218	4,367	(851)
Proj IP	FY03	FY04	Difference
IHC	419.42	519.08	100
Other DC	28.31	17.06	(11)
Total Prime	447.73	536.14	88
FFS OE	261.37	255.97	(5)
FFS SA	1,119.56	1,078.74	(41)
FFS Plus	448.07	361.68	(86)
Total FFS	1,829.00	1,696.39	(133)

**Estimate
Only:** FY03 LOE
Will be adjusted

General Surgery

Benchmark Comparison per FTE

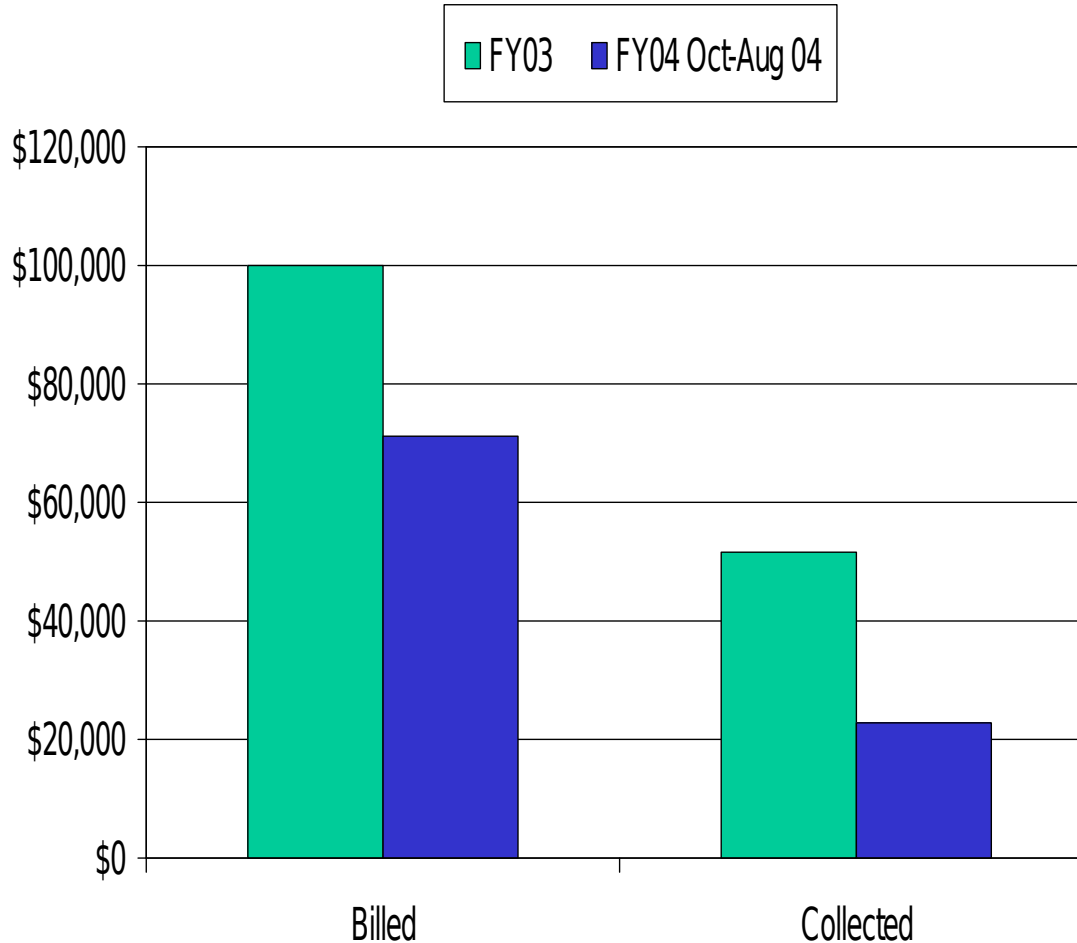


	Assigned *	1 AD = .7 FTE
#FTEs	9	6.9
FY04 Visits	8,728	8,728
FY04 Visits/FTE	970	1,265
Academic Benchmark (visits/FTE)	958	958
% Compared to Acad. Benchmark	101%	132%
FY04 RVUs (Proj)	11,772	11,772
RVU/Visit	1.35	1.35
RVU/FTE	1,308	1,706
Academic Benchmark (RVI/FTE)	4,315	4,315
% Compared to Acad. Benchmark	30%	40%

* MSGG: 9 Assigned

- Academic Avg: 4.5 RVU/Visit
- Exceed academic benchmark for visits/FTE

General Surgery Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.52
 - FY04: 0.32
- Billing Rate
 - FY03: \$8.3K/mo
 - FY04: \$5.9K/mo
 - (down 29%)








→ \$23K collected
As of 31 Aug 04









General Surgery Customer Satisfaction

- DoD Customer Satisfaction Survey

General Surgery	FY02	FY03	FY04
Overall Satisfaction	81%	100%	83%
Satisfaction with Medical Care	92%	100%	83%

General Surgery Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time (02 to 04 trend)	
Surgeries over Time	
Market Share	

Area Reviewed	
RVU/Visit over time	
Data Quality	
WHMC vs. Civ Benchmarks	 
Direct Care RVU	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Customer Satisfaction	

General Surgery

Next Steps

- Step 2
 - Follow-up: 19 Nov at 1300 (tentative)
- Step 3
 - Projected WHMC/BAMC Brief: Dec 04



Integrity - Service - Excellence

MTF Prime - Private Sector General Surgery DRGs by Volume in FY04

DRG	Count	DRG Description
494	4	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
182	3	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
466	3	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
483	3	TRACHEOSTOMY EXC FOR FACE, MOUTH, & NECK DIAGS
180	2	G.I. OBSTRUCTION W CC
183	2	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
188	2	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
027	1	TRAUMATIC STUPOR & COMA, COMA >1 HR
148	1	MAJ OR SMALL & LARGE BOWEL PROCEDURES W CC
158	1	ANAL & STOMAL PROCEDURES W/O CC
160	1	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
165	1	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
167	1	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
217	1	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKEL & CONN TISS DIS
258	1	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
442	1	OTHER O.R. PROCEDURES FOR INJ URIES W CC
453	1	COMPLICATIONS OF TREATMENT W/O CC
468	1	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
487	1	OTHER MULTIPLE SIGNIFICANT TRAUMA
493	1	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC

Space A - Private Sector General Surgery DRGs by Volume in FY04

DRG	Count	DRG Description
278	4	CELLULITIS AGE >17 W/O CC
493	4	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
148	3	MAJ OR SMALL & LARGE BOWEL PROCEDURES W CC
180	3	G.I. OBSTRUCTION W CC
183	3	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
094	2	PNEUMOTHORAX W CC
149	2	MAJ OR SMALL & LARGE BOWEL PROCEDURES W/O CC
160	2	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
258	2	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
290	2	THYROID PROCEDURES
418	2	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
083	1	MAJ OR CHEST TRAUMA W CC
155	1	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
165	1	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
167	1	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
181	1	G.I. OBSTRUCTION W/O CC
182	1	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
188	1	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
243	1	MEDICAL BACK PROBLEMS
442	1	OTHER O.R. PROCEDURES FOR INJ URIES W CC
483	1	TRACHEOSTOMY EXC FOR FACE, MOUTH, & NECK DIAGS
487	1	OTHER MULTIPLE SIGNIFICANT TRAUMA

General Surgery Flight Initiatives/ Requirements

- **Initiatives**
- Efficient Use of the OR
 - Utilize IV conscious sedation room in the OR for Breast Biopsy cases- will result in freeing up an operating room for major cases.
 - Utilize Clinic SCO RN (operating nurse) reassign to the operating room for the Month of January resulting in General Surgery OR room staying open
- Utilize technicians for order entry during clinic, resulting in patients being seen in a timely manner by provider
- RSA to permit continued treatment of over 65 population by performing surgery at UT affiliated institutions with our surgeons and residents
 - Maintains GME and readiness

General Surgery Flight Initiatives/ Requirements Cont'd

- **Initiatives**
 - Multidisciplinary Breast Clinic
 - Multidisciplinary Gastric Bypass Clinic
- **Access**
 - No problems
- **Space**
 - Being worked (moving to old ED)
- Primary Problem for General Surgery other than manning shortfall is decrease in patient volume
 - Potential for jeopardizing GME and Readiness